

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF	Donald L Mosher Jr	COURT CASE NUMBER	105-CV-180E
DEFENDANT	U.S. Federal Bureau of Prisons	TYPE OF PROCESS	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
SERVE	FCI MCKEAN PRISON MEDICAL DEPARTMENT		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) FCI, McKean Bradford PA 16701 PO Box 5000		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	1
<i>Donald L Mosher Jr 10924-052 U.S.P Lewisburg PO Box 1000 Lewisburg PA 17837</i>		Number of parties to be served in this case	5
		Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<i>Donald L Mosher Jr</i>	<input type="checkbox"/> DEFENDANT		2/13/06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I have personally served have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below).

Name and title of individual served (if not shown above)

A person of suitable age and discretion then residing in defendant's usual place of abode

Address of individual served (if not shown above)

Date *5/9/06* Time am pm

Amount of service fee paid _____ Forwarding Fee _____ Total Charges _____ Advanced Deposit _____ Amount owed to U.S. Marshal _____ (Amount of Refund*)

Signature of U.S. Marshal or Deputy
Steve Blessing

Jas
5-9-06 Cart 9842 8021 8892



COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
Drew	
C. Signature	
 X	

7160 3901 9842 8021 8892

3. Service Type CERTIFIED MAIL

D. Is delivery address different from item 1? _____
If YES, enter delivery address below.

Agent
Addressee
Y/N
No

MICHAEL MCKEEAN, P.R.H.I.N.Y. MEDICAL DEPARTMENT
P.O. BOX 5000
BRADFORD, PA. 16701

5-1808,0/3/C,3/9/06,SRB

PS Form 3811, January 2003

Domestic Return Receipt